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IMAGES IN CARDIOLOGY

A Case of Inferior Vena Cava Obstruction

Restenosis With Pseudoaneurysm

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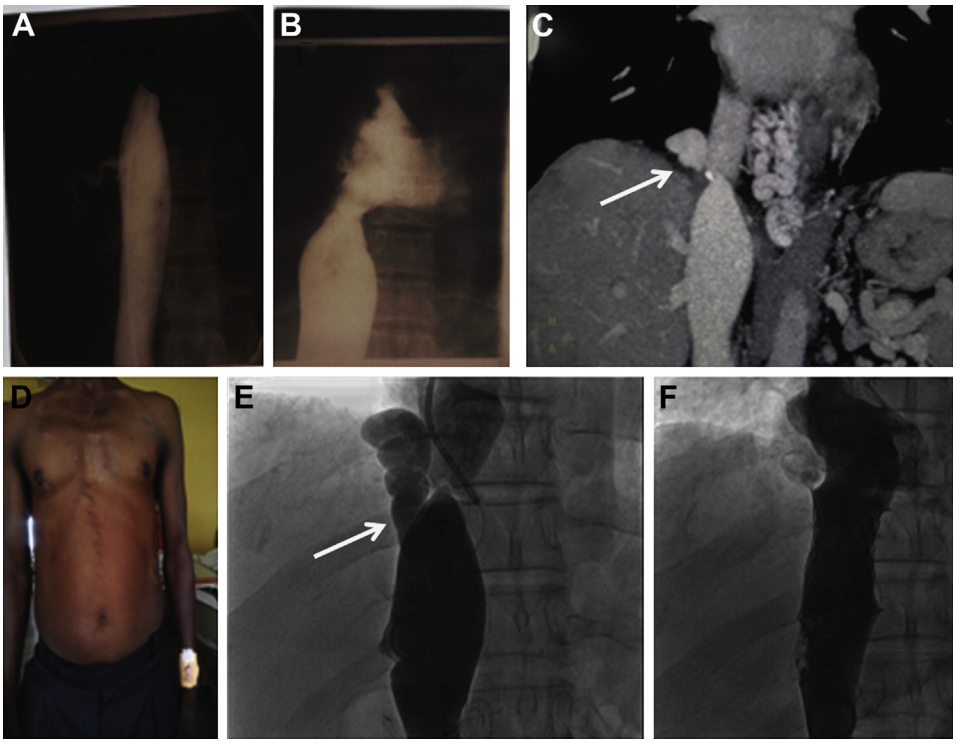

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A 46-year-old man presented with swelling of the lower limbs of 1-year duration. The patient was diagnosed Budd-Chiari syndrome, with a web in the inferior vena cava (IVC) in 1996 **(A)**, treated with percutaneous transluminal angioplasty with Inoue balloon **(B)**. Examination revealed edema and varicosities of both legs, with ascites **(D)**. Abdominal computed tomography **(C)** and IVC angiography (**E**, Online Video 1) showed a calcified web with a pseudoaneurysm. Through the right femoral vein, a 6-F multipurpose catheter was passed into the IVC, the lesion was crossed with a Terumo guidewire (Terumo, Leuven, Belgium), and the web was dilated with a 24-cm^3 Inoue balloon (Online Video 2). Post-percutaneous transluminal angioplasty shoot showed a residual lesion with a pseudoaneurysm. A PS-5014 stent mounted on 20/40-mm Atlas balloon (Bard Peripheral Vascular, Inc., Tempe, Arizona) was positioned across the web. When the proximal end of the stent was released, the stent migrated into the right atrium (**E**, Online Video 3). The stent was crimped over the balloon with a snare (**E**, Online Video 4) and retrieved to its proper position and deployed across the web. IVC angiography showed normal flow and disappearance of the pseudoaneurysm (**F**, Online Video 5).

Pseudoaneurysm, although rare and probably iatrogenic in this case, can be treated successfully with stenting. Care should be taken during the positioning and deployment of the stent to avoid stent migration.